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**ACL 15-07**

Date: September 24, 2015  
To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors  
From: California Department of Aging (CDA) CBAS Branch  
Subject: CBAS Center Monitoring and Onsite Survey Processes Related to Person-Centered Planning and Home and Community-Based (HCB) Settings Requirements

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## Purpose

The purpose of this letter is to inform CBAS Providers of changes that the California Department of Aging (CDA) will be making to CBAS monitoring and onsite survey processes to implement federal regulations for Person-Centered Planning and HCB settings.

## Background on Federal Regulations

On January 16, 2014, the Centers for Medicare and Medicaid Services (CMS) released new regulations (Final Rule CMS 2249-F and CMS 2296-F) that:

- Define Person-Centered Planning requirements for persons in HCB settings, emphasizing the goals, wants, needs, and strengths of the individual;
- Establish strong consumer protections in the Person-Centered Planning process;
- Establish an outcome oriented definition of HCB settings that focuses on the nature and quality of the individuals' experiences; and
- Maximize the opportunities for individuals receiving HCB services to have access to the benefits of community living in the most integrated settings.

Person-Centered Planning requirements are located in the United States Code of Federal Regulations, 42 CFR 441.301(c)(1)(2)(3), and specifically address the following:

1. The Person-Centered Planning process
2. The Person-Centered Plan
3. Review of the plan

HCBS settings requirements are located in 42 CFR 441.301(c)(4) and specify that, based on the needs of the individual as indicated in their Person-Centered Plan, HCBS settings must:

1. Be integrated in and support full access to the greater community
2. Be selected by the individual from among setting options
3. Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint
4. Optimize autonomy and independence in making life choices
5. Facilitate choice regarding services and who provides them
6. Be physically accessible

More information about Person-Centered Planning and the HCBS settings requirements is posted on the CDA website at:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCBS\\_Settings\\_Stakeholder\\_Activities/Key\\_Documents/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCBS_Settings_Stakeholder_Activities/Key_Documents/)

## **CBAS HCBS Settings Plan Milestones and Timelines**

In February 2015, CDA and the Department of Health Care Services (DHCS) began a six-month stakeholder process to develop the *CBAS HCBS Settings Transition Plan* and submitted the *Plan* to the Centers for Medicare & Medicaid Services (CMS) for approval on August 14, 2015, as part of *California's Statewide Transition Plan*. The *Plan* sets milestones and timelines for ensuring that CBAS centers are in compliance with the HCBS Settings regulations by March 2019. The link to the *Plan* is below. Milestones and timelines can be found in Appendices I and II.

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCBS\\_Settings\\_Stakeholder\\_Activities/Key\\_Documents/Docs/CBAS\\_HCBS\\_Settings\\_Transition\\_Plan\\_\(Submitted\\_8-14-15\\_to\\_CMS\).pdf](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCBS_Settings_Stakeholder_Activities/Key_Documents/Docs/CBAS_HCBS_Settings_Transition_Plan_(Submitted_8-14-15_to_CMS).pdf)

Although CMS' approval of the *Plan* is pending at this time, CDA has already begun work to implement key milestones that will address CBAS provider compliance with the HCBS Settings regulations. Most significantly, CDA has done the following:

1. Convened the CBAS Individual Plan of Care (IPC) Revision and Quality Workgroups, comprised of various stakeholders including CBAS providers, managed care plans, and advocates. The purpose of these workgroups is to develop a quality strategy for CBAS and to revise the IPC. Both work groups will address issues of Person-Centered Planning. Follow the IPC Revision and Quality Workgroups' activities on the CDA website at the following link:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCBS\\_Settings\\_Stakeholder\\_Activities/Workgroups/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCBS_Settings_Stakeholder_Activities/Workgroups/)

2. Collaborated with DHCS and other California Health and Human Services Agency departments to develop tools for providers to self-assess their settings' compliance with federal regulations and the State to use to validate settings' compliance during onsite reviews. CDA will require CBAS providers to complete the Provider Self-Assessment Tool as part of the certification renewal process beginning in early 2016.

Later this Fall, the State and advocates will begin work to develop a tool for beneficiaries to assess their HCB settings. CDA will use this tool and the provider self-assessment to evaluate center compliance as part of the CBAS certification renewal process. Provider and State assessment tools are located on the DHCS Statewide Transition Plan website at:

[www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx](http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx)

### **Focus Areas for Monitoring and Certification**

Early in 2016, and prior to incorporating of the provider and beneficiary assessment of their CBAS centers into CBAS monitoring and onsite survey processes, CDA will focus oversight efforts on ADHC/CBAS standards that have been in law and regulation for many years that relate to federal requirements for Person-Centered Planning and HCB settings. Additionally, CDA will incorporate new program standards in the CBAS provisions of the 1115 Waiver related to Person-Centered Planning and HCB settings requirements into its monitoring and onsite survey processes. Following is a list of focus areas on which CDA will evaluate CBAS center compliance. Reference the specific laws, regulations, and Waiver provisions listed for more detail regarding these requirements:

Focus Area	Requirements <sup>1</sup>	Centers are required to ...
1. Training	1115 Waiver SOP H.12 T-22 CCR Sections 78403(b)(8) 78413(c)(e)	Have an in-service training plan and provide training for all employees and volunteers. Training must include: <ul style="list-style-type: none"> <li>• <i>Initial Training</i>: orientation to job duties and population served; first aid and cardiopulmonary resuscitation within six months of hire;</li> <li>• <i>Ongoing Training</i>: regular updates on state and federal requirements. Training is to be conducted and documented on a quarterly basis.</li> </ul>
2. Participant Rights	WIC 14530(c) T-22 CCR Section 78437	Ensure that all participant rights listed in regulation are met and that participants are informed of their rights in a language they understand prior to admission. Among the many rights specified in regulation, participants have the right to participate in development and implementation of their individual plans of care.
3. Participation Agreements	T-22 CCR Section 54217	Discuss the services to be provided and scheduled days of attendance with the participant and/or their representative, sign the agreement, and retain in the participant's health record.
4. Grievances	T-22 CCR Section 54407	Have and implement policies and procedures for filing grievances, maintaining a grievance log, responding to grievances received, and informing participants about their right to file a grievance.

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<sup>1</sup> Welfare and Institutions Codes (WIC), Health and Safety Codes (HSC), Title 22 of the California Code of Regulations (T-22 CCR), and the 1115 Bridge to Reform Demonstration Waiver Special Terms and Conditions (STC) and Standards of Participation (SOP).

5. Activities Program	T-22 CCR Section 54339	Provide purposeful, individual and group daily activities designed to meet needs and interests of each participant, and involve participants in the planning and development of activity programs.
6. Delayed Egress/ Secure Perimeters	1115 Waiver SOP D.1 and D.4 HSC Section 1584	Ensure that egress devices or fences meet all requirements of the law, including: fire codes, staff training, and consent of participants.*  <i>*For centers using delayed egress or perimeter fences</i>
7. Restraints	T-22 CCR Section 78315	Use restraints only as measures to protect participants from injury and as described in Section 78315.*  <i>*For centers using restraints</i>
8. Person-Centered Planning	1115 Waiver STC 96(c) SOP F WIC 14529(d)(2) T-22 CCR Section 5411(b)(2)	Develop the IPC through a collaborative process among the participant/representative and managed care plan. The IPC must reflect the participant's preferences, choices, and abilities, and be reviewed and updated by the participant at least every six months.

## Education and Training

As indicated in the *CBAS HCB Settings Transition Plan*, ongoing education and training of CBAS Providers and their staff about Person-Centered Planning and the HCB Settings requirements are essential to ensuring CBAS center compliance with these regulations. CDA, the adult day services industry association (California Association for Adult Day Services/CAADS) and other training vendors have been and will continue to provide education and training on Person-Centered Planning and the HCB Settings requirements. CDA will conduct a presentation on changes to the CBAS monitoring and certification process during the CAADS Fall Conference in Long Beach this November. In early December, CDA will provide a webinar for CBAS providers and managed care plans on the federal regulations, compliance requirements, and the CBAS monitoring and certification process.

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## **Questions**

For questions about this letter, please call the CBAS Branch at (916) 419-7545.